

UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF MISSOURI

Gregory C. Rotters  
Plaintiff

vs.

God  
Defendant

07-0821-CV-W - GAF  
Case No. \_\_\_\_\_

AFFIDAVIT OF FINANCIAL STATUS

I, Gregory Rotters, declare that I am the plaintiff in this case, that because of my poverty I am unable to pay the costs of these proceedings, and that I believe I am entitled to relief.

I further swear that the responses which I have made to the questions below and the information I have given relating to my ability to pay the costs of commencing and prosecuting this action are true.

I. MARITAL STATUS AND PERSONAL DATA

A. Single: ☒ Married: ☐ Separated: ☐ Divorced: ☐

B. Name of Spouse \_\_\_\_\_

C. Age of plaintiff, petitioner or complainant: 50

D. Age of spouse: \_\_\_\_\_

E. Address of plaintiff, petitioner or complainant: 3304

COLORADO 145 MO 64128

Telephone: \_\_\_\_\_

F. Address of spouse: \_\_\_\_\_

Telephone: \_\_\_\_\_

- G. State name or names of dependents who live with you, their age, address, relationship, and how much of their monthly support you provide:  
(use only initials for minors)

\_\_\_\_\_  
\_\_\_\_\_

## II. EMPLOYMENT

- A. Name of employer: N/A

Address of employer: \_\_\_\_\_

Employer's telephone: \_\_\_\_\_ Length of employment: \_\_\_\_\_

Job title or description: \_\_\_\_\_

Net Income: Monthly \$ \_\_\_\_\_ Weekly \$ \_\_\_\_\_

Gross Income: Monthly \$ \_\_\_\_\_ Weekly \$ \_\_\_\_\_

Does employer provide health insurance: Yes \_\_\_\_\_ No \_\_\_\_\_

If employer provides health insurance, describe coverage: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

- B. Previous employment (Answer only if presently unemployed).

Name of employer: Teelley Flowers

Address of employer: 7811 Truxt K.C. MO

Employer's telephone: 444-7700 Length of employment: 3 months

Job title or description: Delivery

Net Income: Monthly \$ 460 Weekly \$ 132

Gross Income: Monthly \$ 572 Weekly \$ 170

- C. Employment of spouse:

Name of employer: \_\_\_\_\_

Address of employer: \_\_\_\_\_

Employer's telephone: \_\_\_\_\_ Length of employment: \_\_\_\_\_

Job title or description: \_\_\_\_\_

Net Income: Monthly \$ \_\_\_\_\_ Weekly \$ \_\_\_\_\_

Gross Income: Monthly \$ \_\_\_\_\_ Weekly \$ \_\_\_\_\_

### III. FINANCIAL STATUS

(Answer questions on behalf of both the plaintiff, petitioner or complainant and spouse).

A. Owner of real property? Yes\_\_\_ No ☒

If yes - Description: \_\_\_\_\_

Address: \_\_\_\_\_

In whose name? \_\_\_\_\_

Estimated value: \_\_\_\_\_

Total amount owed: \_\_\_\_\_

Owed to: \_\_\_\_\_

Annual income from property: \_\_\_\_\_

B. Owner of automobile: Yes\_\_\_ No ☒

If yes - Number of automobiles owned: \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

In whose name registered? \_\_\_\_\_

Present value: \_\_\_\_\_

Amount owed on the automobile(s): \_\_\_\_\_

Owed to: \_\_\_\_\_

Monthly payment(s): \_\_\_\_\_

C. Cash on hand: (Include checking and savings accounts)

\$ 3.00

List names and addresses of banks and associations:

State last four digits of account numbers: \_\_\_\_\_

D. Have you received within the past 12 months any money from any of the following sources:

	Yes	No
Rent payments, interest or dividends:	—	<input checked="" type="checkbox"/>
Pensions, trust funds, annuities or life insurance payments?	—	<input checked="" type="checkbox"/>
Gifts or inheritances?	—	<input checked="" type="checkbox"/>
Welfare payments?	—	<input checked="" type="checkbox"/>
ADC or other governmental child support?	—	<input checked="" type="checkbox"/>
Unemployment benefits?	—	<input checked="" type="checkbox"/>
Social Security benefits?	—	<input checked="" type="checkbox"/>
Other sources?	<input checked="" type="checkbox"/>	—

E. If the answer to any item in D above was "Yes", describe each source of money and state the amount received from each during the past 12 months:

K.C. Housing Authority  
\$66.00 for utilities

#### IV. OBLIGATIONS

A. Monthly rental on house or apartment: 132

B. Monthly mortgage payments on house: \_\_\_\_\_

Amount of equity in house: \_\_\_\_\_

C. Monthly mortgage payments on other properties: \$ \_\_\_\_\_

Amount of equity in other properties: \$ \_\_\_\_\_

D. Household expenses:

Monthly grocery expense: \$162.00

Monthly utilities:

Gas: 35.00

Electric: 40

Water: N/A

Other: (Specify) Phone 41

E. Other debts and miscellaneous monthly expenses:

TO WHOM OWED AND FOR WHAT REASON INCURRED?	MONTHLY PAYMENTS	BALANCE DUE

**V. OTHER INFORMATION PERTINENT TO FINANCIAL STATUS**

(Include information regarding stocks, bonds, savings bonds, either individually or jointly owned).

NOT WORKING

I understand that a false statement or answer to any question in this affidavit will subject me to penalties of perjury.

Suzanne C. Rollins  
Signature of Plaintiff

VERIFICATION

State of Missouri )  
County of DAGUERRE )

I, being first duly sworn under oath, state that I know the contents of this affidavit and that the information contained in the affidavit is true to the best of my knowledge and belief.

Suzanne C. Rollins  
Signature of Plaintiff or Plaintiffs

All parties must verify

SUBSCRIBED AND SWORN TO before me this 24 day of Oct, 20 07

Michelle L. McDowell  
Notary Public

4-14-08  
My Commission Expires



MICHELLE L. MCDOWELL  
Clinton County  
My Commission Expires  
April 14, 2008